



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E432842**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-1414</b>	
LOCAL AGENCY CODING	<b>0664</b>	
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION		
DATE OF COLLISION	<b>06</b> - <b>07</b> - <b>2015</b>	TIME (2400) <b>1439</b>
COUNTY #	<b>31</b>	MILES <b>0</b>
CITY #	<b>0664</b>	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
<b>LUNDEEN PKWY</b>		BLOCK NO. <input checked="" type="checkbox"/> <b>10100</b>
MILE POST		
DISTANCE	MILES <b>0</b>	OF (REFERENCE OR CROSS STREET) <b>101 AVE NE</b>
FEET <b>0</b>	N <b>0</b>	E <b>0</b>
S <b>0</b>	W <b>0</b>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253448447</b>
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LAST NAME	<b>NEWTON</b>	FIRST NAME	<b>SARA</b>	MIDDLE INITIAL	<b>E</b>
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STREET NEW ADDRESS	<b>12004 PURPLE PENNANT RD</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982580000</b>
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CDL		RESTRICTIONS	<b>B</b>	ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>NEWT0SE240J7</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>04</b> - <b>27</b> - <b>1976</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES	<b>HEAD/NECK/BACK</b>
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LICENSE PLATE #	<b>AQC4867</b>	STATE	<b>WA</b>	VIN#	<b>1C3CDFBA6DD298230</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2013</b>	MAKE	<b>DODG</b>	MODEL	<b>DART</b>	STYLE	<b>4D</b>	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	<b>ANGEL TOWING</b>	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SARA NEWTON 12004 PURPLE PENNANT RD LAKE STEVENS WA 982580000 D: 4253448447**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>PEMCO CA 1547797</b>
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253226946</b>
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LAST NAME	<b>KING</b>	FIRST NAME	<b>CHELLCE</b>	MIDDLE INITIAL	<b>C</b>
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STREET NEW ADDRESS	<b>11000 CALLOW RD</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982588479</b>
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>KING*CC03107</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>09</b> - <b>27</b> - <b>1997</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>7</b>	NATURE OF INJURIES	<b>HEAD/NECK/BACK</b>
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LICENSE PLATE #	<b>AEV4670</b>	STATE	<b>WA</b>	VIN#	<b>JHMCB765XMC819751</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1991</b>	MAKE	<b>HOND</b>	MODEL	<b>ACD4D</b>	STYLE	<b>4D</b>	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	<b>RESCUE TOWING</b>	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **TRIXIE KING 11000 CALLOW RD LAKE STEVENS WA 982588479 D: 4253226946**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	<b>PROGRESSIVE 71126155</b>
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	<b>C. WELLS #131</b>	BADGE OR ID #	<b>131</b>	AGENCY	<b>WA0311900</b>
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DART A



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E432842

CASE #

15-1414

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		ANDRADE GILDA G																
ADDRESS & PHONE #		17716 BOTH EVER HWY J405 BOTHELL WA 980122259																
SEX		F		D.O.B. MMDDYYYY		06		06		1978								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	2	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES HEAD/NECK/BACK
NAME (LAST, FIRST, MIDDLE INITIAL)		BRACE ROBERT K																
ADDRESS & PHONE #		1818 114TH AVE NE LAKE STEVENS WA 98258 4252104531																
SEX		M		D.O.B. MMDDYYYY		08		21		1969								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BRACE TAMMY L																
ADDRESS & PHONE #		1818 1114TH AVE NE LAKE STEVENS WA 98258 4253598143																
SEX		F		D.O.B. MMDDYYYY		07		11		1971								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit #1 was stopped on 101 Ave NE at the Stop sign - waiting to turn left (eastbound). Unit #2 was on Lundeen Parkway traveling south. Unit #1 pulled out into traffic causing a collision with Unit #2. Both vehicle's towed from the scene due to damage.

Unit #1 driver and passenger complained of head/neck/back injury.  
Unit #2 driver complained of head/neck/back injuries.  
All three transported by Fire/Aid units.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

06-12-15 07:25 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

6/12/2015 10:04:51 AM

BADGE OR ID #	131	ORI #	WA0311900	TIME POLICE DISPATCHED	2:39 PM	TIME POLICE ARRIVED	2:40 PM
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PART B

3000-345-160 R (7/06)

PAGE

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OF

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

**E432842**

CASE #

**15-1414**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

**FULLSTROM JOSEPH R**

ADDRESS & PHONE #

**10215 LUNDEEN PARKWAY LAKE STEVENS WA 98258 4254461949**

SEX

**U**

D.O.B.

MMDDYYYY

**01**

**14**

**1996**

PASSENGER ☐

WITNESS ☒

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

**MCDANIEL SHANE J**

ADDRESS & PHONE #

**13713 95TH AVE NE LAKE STEVENS WA 98258 4253344646**

SEX

**U**

D.O.B.

MMDDYYYY

**07**

**23**

**1971**

PASSENGER ☐

WITNESS ☒

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.

MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

**NARRATIVE**

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**C. WELLS #131**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**06-12-15 07:25 AM**

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 095**

DATE

**6/12/2015 10:04:51 AM**

BADGE OR ID #

**131**

ORI #

**WA0311900**

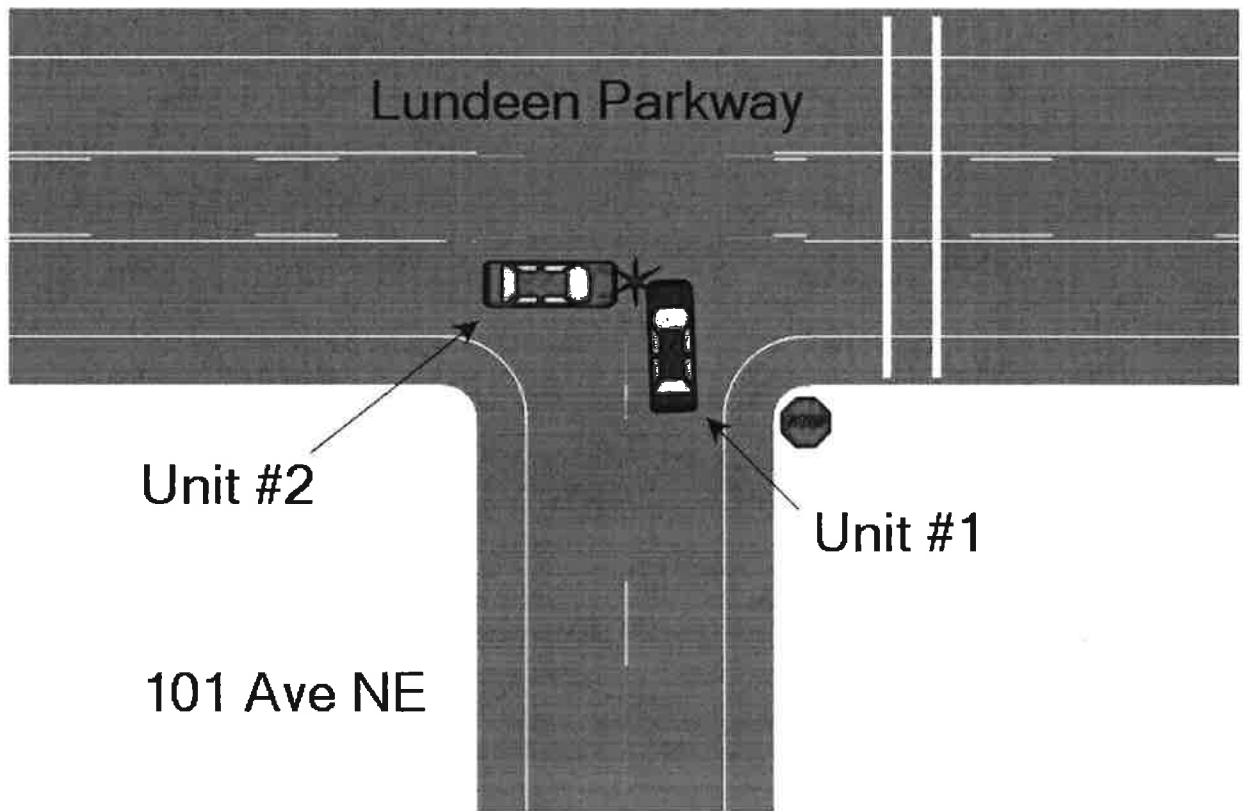
TIME POLICE DISPATCHED

**2:39 PM**

TIME POLICE ARRIVED

**2:40 PM**

Not to Scale



# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1414

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MCDANIEL SHANE JOSEPH	RACE COC	ETH	SEX M	DOB 7/23/71	AGE 43	HGT 5'6"	WGT 185	HAIR BRN	EYES BLU
STREET ADDRESS 13713 95th AVE NE		CITY ARLINGTON			STATE WA		ZIP	RES. STATUS citizen		
HOME PHONE 425 328 6489		CELL PHONE SAME			PLACE OF EMPLOYMENT NORMS MARKET					
WORK PHONE 425 334 4646		EMAIL ADDRESS BEERSQUATCH@hotmail.com								

I, Shane McDaniel, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

At about 2:40 PM I observed a Red DODGE DART 4 DOOR LICENSE PLATE AQC4867 stoped at the stop sign at 101st AVE NE and stop. The dodge then pulled out onto Lumberton parkway and turned left ~~head~~ to head east. The dodge pulled out in front of a HONDA ACCORD PLATE # AEV4670 MAROON COLOR. THE HONDA STRUCK THE DODGE ON THE FRONT DRIVERS SIDE. THE HONDA APPEARED TO BE DRIVING THE SPEED LIMIT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Shane McDaniel</i>	DATE SIGNED 6/7/15	LOCATION SIGNED Lk. Stevens
OFFICER/NUMBER: C. WAUS / 131	DATE SIGNED 6/7/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1414

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Brace, Robert Keith	RACE C	ETH W	SEX M	DOB 01/21/1964	AGE 46	HGT 6'8"	WGT 270	HAIR Br	EYES Br
STREET ADDRESS 1816 114th Ave NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425-210-9531			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While walking west on Lundeen Parkway I heard a loud bang. I looked up and saw a maroon car pushing a red car which had been hit in the side. The two cars slid to a stop a bout 15-20 feet later. My wife and I went to assist the vehicle occupants. In the red car were 2 females. The driver was complaining of that her head hurt. Both were dazed. Both were conscious. Both were oriented to time, person and location. The passenger complained of a headache when I asked. My wife (Tanny) went to look at the driver in the maroon car. I advised the girls women in the red car to sit still while we waited for EMS. EMS arrived and assumed care of the women.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/7/2015	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: C. W. GUS / 131	DATE SIGNED 6/7/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1414

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Brace, Tammy Lynn	RACE W	ETH C	SEX F	DOB 7-11-1971	AGE 43	HGT 54	WGT 121	HAIR BRN	EYES BLU
STREET ADDRESS 1818 114 <sup>th</sup> Ave NE		CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-359-8143			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS tammybrace3@gmail.com								

I, Tammy Brace, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were walking down Lundeen Parkway headed towards Lundeen Park. There was a lot of traffic. An SUV was waiting to turn left on to 101<sup>st</sup> Ave NE. They gunned it and turned in a small gap in traffic right in front of the "purple car". I turned my head back toward my husband to say "He almost got hit" when I heard a crash. I turned back and saw that the purple car had hit a red car that had been at the stop sign at 101<sup>st</sup> and Lundeen. I did not see that car pull out onto Lundeen. My husband, Rob Brace, and I ran over to the cars to see if anybody was hurt. Another bystander came over as well and called 911 on his phone. The young lady in the purple car said she was okay. I went to her car first. I went to Red car next where Rob was and they were talking to him. I went back to purple car and asked the girl if she was still okay and she mentioned her head hurt and that she had hit it on the steering wheel. She was on her cell phone calling her mom. I went back to Red car to see if they needed any help and the LS police started arriving.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Tammy Brace</u>	DATE SIGNED: <u>6-7-2015</u>	LOCATION SIGNED: <u>Lake Stevens</u>
OFFICER/NUMBER: <u>C. Willis / 131</u>	DATE SIGNED: <u>6/7/15</u>	LOCATION SIGNED: <u>LKS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ( OF )

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15 - 1414

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Fullstrom, Joseph R	RACE White	ETH	SEX M	DOB 01/14/1969	AGE 46	HGT 6'	WGT 129	HAIR Brown	EYES Blue
STREET ADDRESS 10215 Lundeen Parkway		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-446-1949		PLACE OF EMPLOYMENT C3D Zodiac						
WORK PHONE		EMAIL ADDRESS jrfallstrom@gmail.com								

I, Joseph Fullstrom, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

So The maroon honda was heading west on Lundeen Parkway and as I was heading home (east) I watched the maroon honda smash the left side of the red dodge dart. To my observation the maroon car was speeding over 35 and didn't see the car (red dodge dart) taking a right onto Lundeen Parkway, thus injuring the two ladies in the dodge dart.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>JR Fullstrom</u>	DATE SIGNED 06/18/15	LOCATION SIGNED Lundeen Parkway
OFFICER/NUMBER: <u>C. Wiles / 131</u>	DATE SIGNED 6/7/15	LOCATION SIGNED LKS

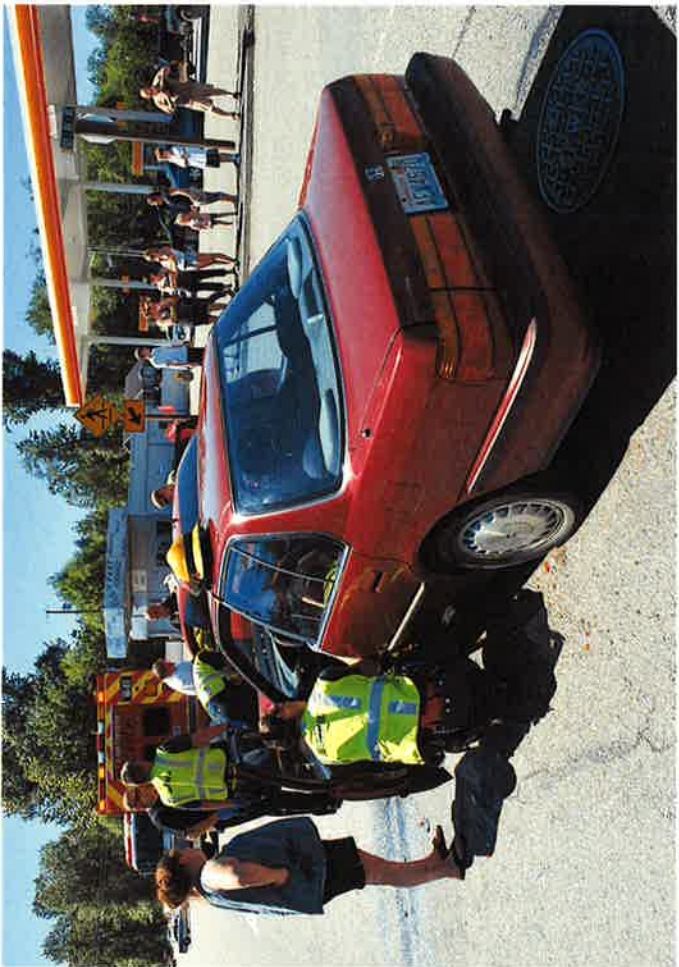
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

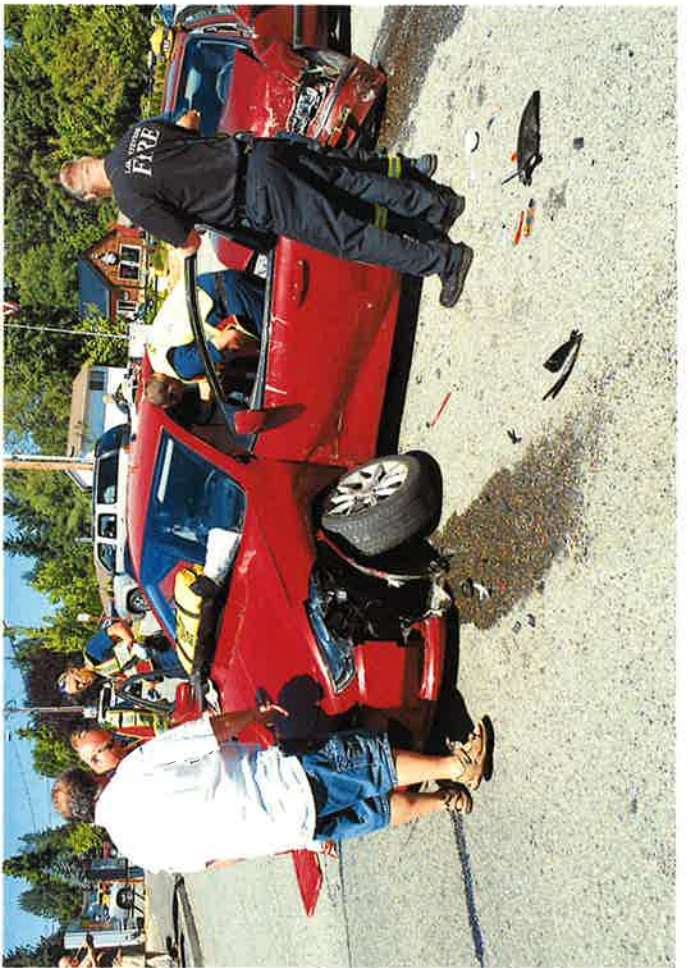




















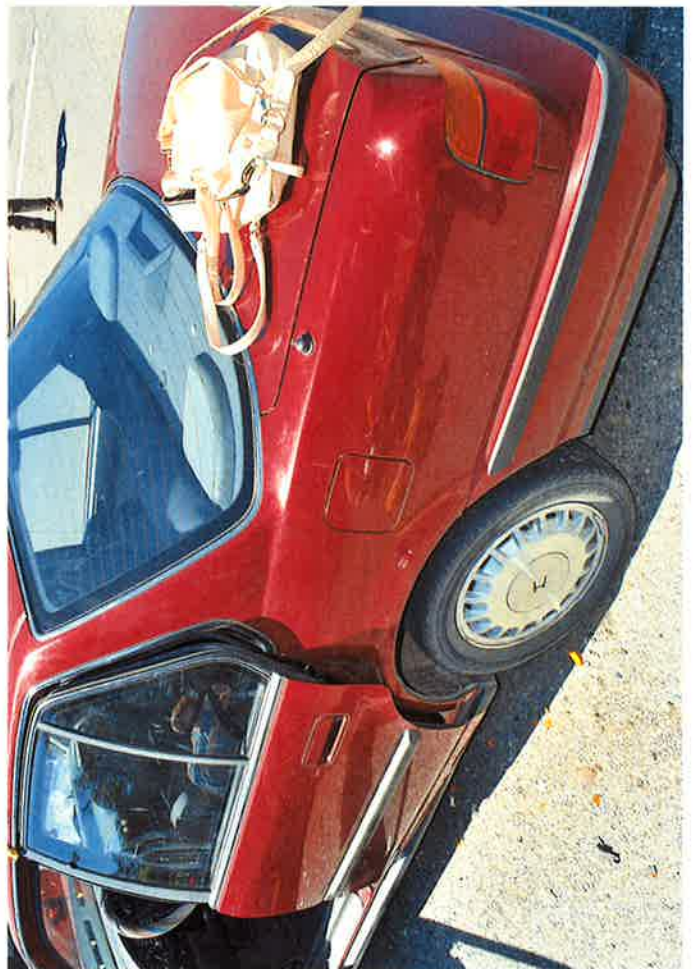
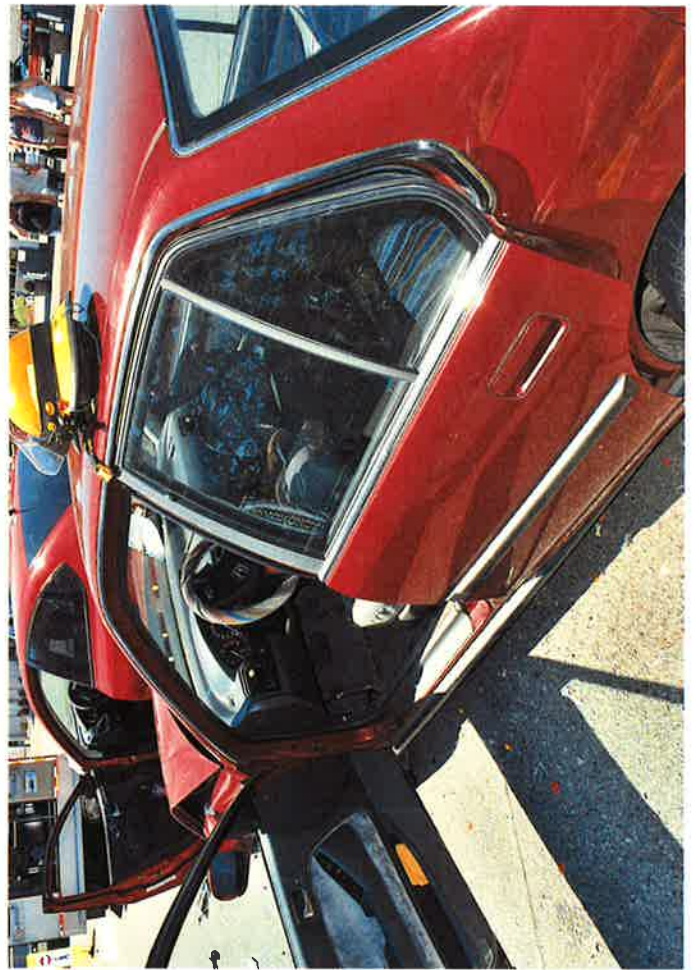




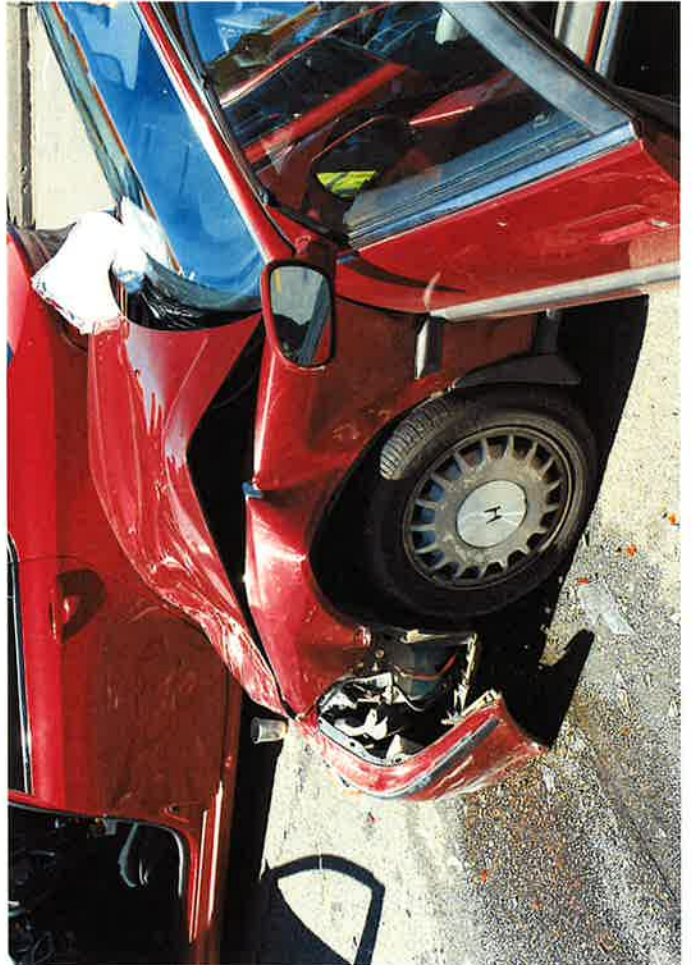




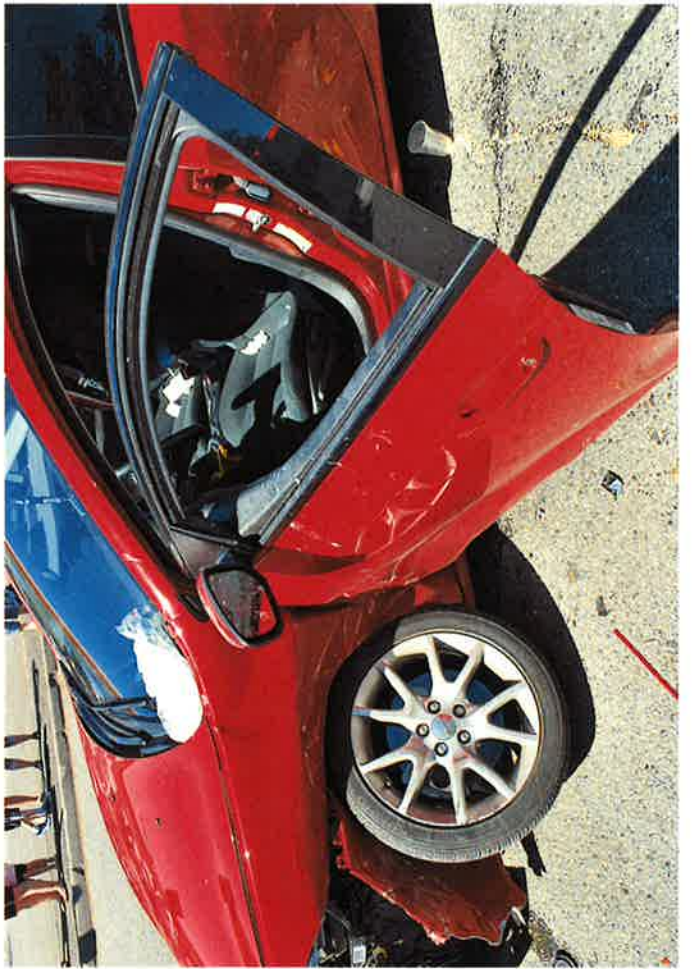




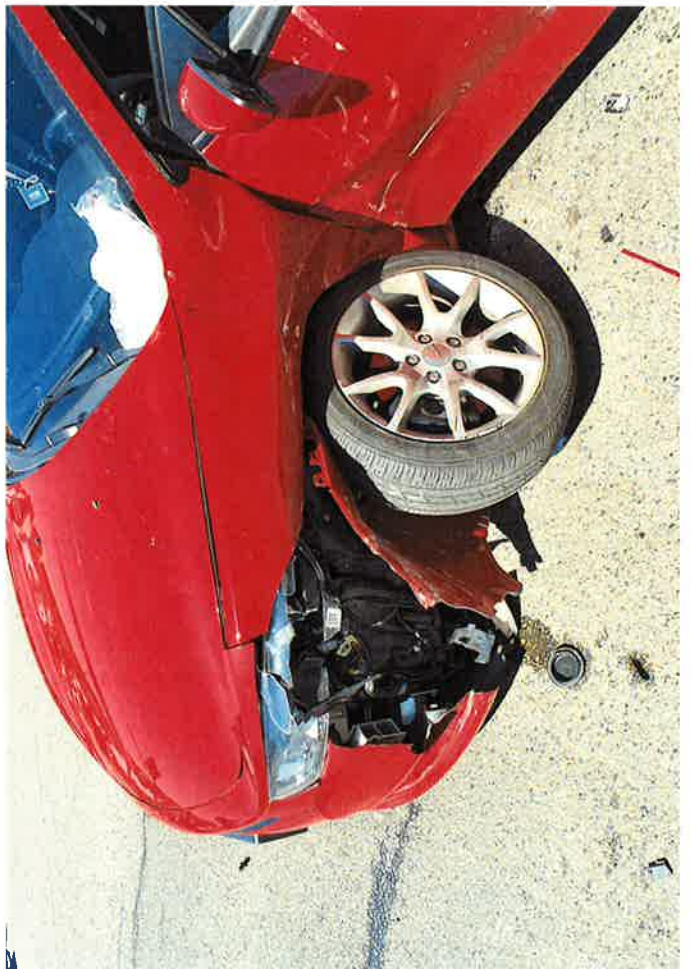




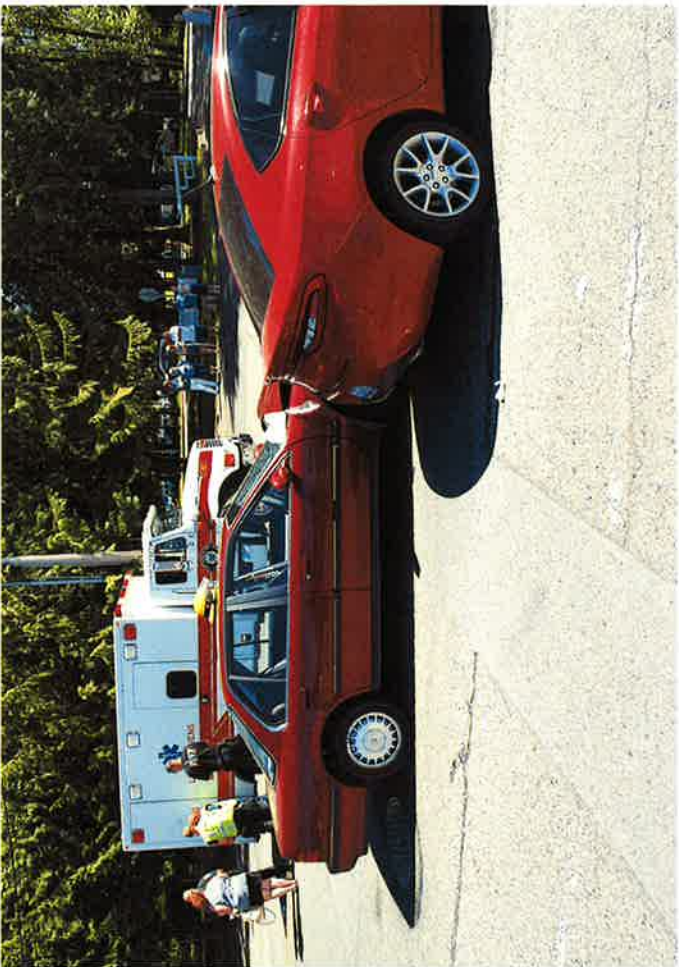


















LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Wells</i>			Case Number <i>15-1414</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>			Date/Time: <i>6/2/15</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification				

Case #

Item # <i>Enf</i>  Action # <i>3</i>	Item <i>CD</i>	Brand Name <i>Compass</i>			Storage Location	Disposition
	Brand/Model/Caliber <i>Photos-</i>					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #  Action #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #  Action #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #  Action #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						
Item #  Action #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:
 

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-1414

TOW / IMPOUND  
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_  
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.  
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## VEHICLE INFORMATION

VIN

1 C 3 C D F B A 6 D D 2 9 8 2 3 0

LICENSE

AQC 4867

STATE

WA

YEAR

2013

MAKE

DODGE

MODEL

DART

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4D

COLOR

RED

## DRIVER

NAME (LAST, FIRST, MI)

NEWTON, SARA E

STREET ADDRESS

12004 PURPLE PENNANT RD

CITY, STATE, ZIP CODE

LAKESIDE, WA 98026

PHONE

425 344 8407

DOB

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAME

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/7/15 AT 1510 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE ANGEL TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM LUNDEEN PKWY / 101 AVE NE LKS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

50247

DATE

6/7/15

## EQUIPMENT

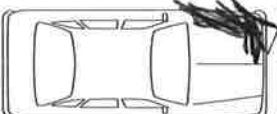
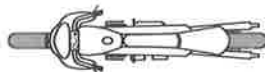
## DAMAGE

## EVIDENCE (DRIVER'S SIDE)

## EVIDENCE (PASSENGER'S SIDE)

- ☐ GLOVE BOX LOCKED  
☐ KEYS [ ]  
☐ AUTO STEREO  
☐ AUDIO TAPES / CD'S [ ]  
☐ CB RADIO  
☐ RADAR DETECTOR  
☐ TRUNK LOCKED  
☐ SPARE TIRE  
☐ JACK  
☐ CHAINS  
☐ OTHER \_\_\_\_\_

- ☐ FRONT  
☐ R FRONT  
☐ R SIDE  
☐ R REAR  
☐ L FRONT  
☐ L SIDE  
☐ L REAR  
☐ REAR  
☐ TOP  
☐ UNDERCARRIAGE  
☐ OTHER \_\_\_\_\_



## INVENTORY/EVIDENCE

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

COLLISION - NOT DRUGS  
 DRIVER & PASSENGER  
 MEDICAL TRANSPORT

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

C. WELLS

SWOONER

BADGE NO.

131

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

3000-110-076 (R 7/11)

SUPERVISOR

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-1414

TOW / IMPOUND  
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## VEHICLE INFORMATION

VIN

1 C 3 C D F B A 6 D D 2 9 8 2 3 0

LICENSE

AQC 4867

STATE

WA

YEAR

2013

MAKE

DODGE

MODEL

DART

MILEAGE

☐ Report of Sale

☐ Digital

STYLE

4D

COLOR

RED

## DRIVER

NAME (LAST, FIRST, MI)

NEWTON, SARA E

STREET ADDRESS

12004 PURPLE PENNANT RD

CITY, STATE, ZIP CODE

LAKE STEVENS

PHONE

425 344 8447

DOB

## REGISTERED OWNER

NAME (LAST, FIRST, MI)

SAME

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/7/15 AT 1510 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE ANGEL TOWING (TOWING FIRM)

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TOW DRIVER'S SIGNATURE

DOL TOW TRUCK NO.

50247

DATE

6/7/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [ ] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [ ] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

## INVENTORY/EVIDENCE

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

COLLISION - NOT DAMAGED  
 DRIVER & PASSENGER  
 MEDICAL TRANSPORT

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

C. WELLS

SWOONWORTH

BADGE NO.

131

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X



CHECK ALL THAT APPLY:

## UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-1414

TOW / IMPOUND  
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW  
☐ AAA or OTHER ROADSIDE ASSISTANCE  
☐ EVIDENCE  
☐ SEIZED UNDER RCW 69.50.505  
☒ IMPOUND ONLY  
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD  
☐ DWLS IMPOUND WITH \_\_\_\_\_ DAY HOLD  
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.  
☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

## VEHICLE INFORMATION

VIN 1C3CDBA6DD298230			
LICENSE AQC4867	STATE WA	YEAR 2013	MAKE DODGE
MODEL DART		MILEAGE 410	COLOR RED
<input type="checkbox"/> Report of Sale		<input type="checkbox"/> Digital	

## DRIVER

NAME (LAST, FIRST, MI) NEWTON, SARA E
STREET ADDRESS 12004 PURPLE PENNANT RD
CITY, STATE, ZIP CODE LAKE STEVENS
PHONE 425 344 8447

## REGISTERED OWNER

NAME (LAST, FIRST, MI) SAME
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE

## LEGAL OWNER

NAME (LAST, FIRST, MI)
STREET ADDRESS
CITY, STATE, ZIP CODE
PHONE

## AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/7/15 AT 1510 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE ANGEL TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM LUNDEN PKWY / 101 AVE NE LKS

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. 50247 DATE 6/7/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS [ ]	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S [ ]	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

## INVENTORY/EVIDENCE

## NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

COLLISION - NOT DAMAGED  
 DRIVER & PASSENGER  
 MEDICAL TRANSPORT

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X C. WELLS SWANSMITH BADGE NO. 131

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

Incident History for: #SS15011120 Xref: #SS15011121 #AG15001656

Case Numbers: \$SS15001414

Entered 06/07/15 14:39:20 BY SPCT04 SP0393

Dispatched 06/07/15 14:39:32 BY SPDP17 SP0326

Enroute 06/07/15 14:39:32

Onscene 06/07/15 14:40:54

Closed 06/07/15 15:45:13

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-5 Group: SS1 Beat: NORT

Src: T

Loc: 101 AV NE/LUNDEEN PARK WY ,LKS (V)

Loc Info:

Name: MCDANIEL, JAMES

Addr:

Phone: 4253286489

/1439 (SP0393) ENTRY ,CC, NOW, 2 VEH, INJ, BLKING HONDA VS DODGE AID  
ADV  
/1439 (SP0326) DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)  
/1439 ASSTER 19D2 #SS131 WELLS, OFCR (CHAD)  
/1439 ASSTER 19S13 #SS95 MINER, SGT (ROBERT)  
/1440 ONSCNE 19D2  
/1441 \$CROSS #SS15011121  
/1441 DUP #SS15011121  
/1442 CROSS #AG15001656  
/1442 (\*\*\*\*\*) REMINQ 19D2 AQC4867  
/1442 (SP0326) REMINQ 19D2 LIC, 19D2, AQC4867, , ,  
/1442 (SS95 ) \*ONSCNE 19S13  
/1442 (\*\*\*\*\*) REMINQ 19D2 AEV4670  
/1442 (SP0326) REMINQ 19D2 LIC, 19D2, AEV4670, , ,  
/1442 ONSCNE 19D1  
/1452 ASNCAS 19D2 \$SS15001414  
/1455 MISC 19S13 , 2 TOWS POSS 1 FB  
/1457 (SP0333) ROTREQ 19S13 TOW 5061 LKS SKY VAL SNO  
3605636090  
/1458 ROTREQ 19S13 TOW 5024 LKS ANGEL TRANSPORT & TOWING  
3605680918  
/1502 MISC 19D2 , RESCUE TOW FOR HONDA, OWNERS REQ  
/1511 MISC 19D1 , TOW OS  
/1520 (SS131 ) REMINQ 19D2 MDTVEH, AQC4867, , WA, , , , , , , , ,  
/1520 (SP0333) MISC 19S13 , ANGEL TOW OS  
/1538 (SS95 ) CLEAR 19S13  
/1545 (SP0333) CLEAR 19D2 D/H  
/1545 CLEAR 19D1 D/H  
/1545 CLOSE 19D1